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* CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 1:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **747189** **(9)**

1. Corporation Name

FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL SERVICE, INCORPORATED

Principal Place of Business	Mailing Address
716 WOODHILL DR LAKELAND FL 33813 US	716 WOODHILL DR LAKELAND FL 33813 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1979**
3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-2747652** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CRAVEN, HARVEY
716 WOODHILL DR
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, type or print name of registered agent, and title if applicable) (NEW Registered Agent's signature must appear above) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☑ Change ☐ Addition
NAME	SIMS, ROBERT B.	12 NAME	KIRK, FRANK	
STREET ADDRESS	2920 NORTH "L" ST.	13 STREET ADDRESS	200 WEST COUNTY HOME ROAD	
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP	SANFORD, FLORIDA 32773	
TITLE	VP	21 TITLE	VP	☑ Change ☐ Addition
NAME	KKIRK, FRANK	22 NAME	JUDGE, JAMES	
STREET ADDRESS	200 W. COUNTRY HOME RD.	23 STREET ADDRESS	1840 25th STREET	
CITY ST ZIP	SANFORD FL	24 CITY ST ZIP	VERO BEACH, FLORIDA 32960	
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	JUDGE, JAMES	32 NAME	COOKSEY, MICHAEL	
STREET ADDRESS	1840-25TH ST.	33 STREET ADDRESS	700A S.E. 3rd STREET	
CITY ST ZIP	VERO BEACH FL	34 CITY ST ZIP	GAINESVILLE, FLORIDA 32602	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	CRAVEN, HARVEY	42 NAME		
STREET ADDRESS	716 WOODHILL DR	43 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	LAYTON, BILL	52 NAME	VILLANI, DINO J.	
STREET ADDRESS	131 SW 15TH ST	53 STREET ADDRESS	1112 MANATEE AVENUE WEST, SUITE 525	
CITY ST ZIP	OCALA FL	54 CITY ST ZIP	BRADENTON, FLORIDA 34205	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	ALGOOD, JAMES	62 NAME		
STREET ADDRESS	2709 E HANNA AVE	63 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Harvey Craven, Treasurer — 4/25/95 — 813-534-0370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067271